

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 8  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div>				
Full Name of Payee <b>MCCARTHY HENNINGS WHALEN, INC.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y  09 / 01 / 2014         </div>	
Mailing Address 1850 M ST NW STE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17500.00         </div>	
City WASHINGTON State DC Zip Code 20036-5837		<b>Transaction ID : SE24-0.041920</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y  09 / 02 / 2014         </div>		
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate STACI APPEL			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: 03  <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 185720.50         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

  

Full Name of Payee <b>MCCARTHY HENNINGS WHALEN, INC.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y  09 / 01 / 2014         </div>	
Mailing Address 1850 M ST NW STE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5885.84         </div>	
City WASHINGTON State DC Zip Code 20036-5837		<b>Transaction ID : SE24-0.041921</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y  09 / 02 / 2014         </div>		
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate STACI APPEL			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: 03  <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 185720.50         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23385.84         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Keith A. Davis

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Date 

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09 / 03 / 2014

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 02 / 2014</div> </div>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>138654.66</div> </div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24-0.041861</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 28 / 2014</div> </div>
Purpose of Expenditure <b>MEDIA</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate <b>STACI APPEL</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>185720.50</div> </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014		<input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>IMGE</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 01 / 2014</div> </div>	
Mailing Address <b>603 KING ST</b> <b>4TH FLR</b>		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>2500.00</div> </div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24-0.041426</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 01 / 2014</div> </div>
Purpose of Expenditure <b>MEDIA</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate <b>STACI APPEL</b>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>185720.50</div> </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014		<input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>141154.66</div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>GS STRATEGY GROUP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 350 N 9TH ST SUITE 550		Amount 21180.00
City BOISE	State ID	Zip Code 83702
Purpose of Expenditure SURVEY RESEARCH	Category/ Type	Transaction ID : SE24-0.041870 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate STACI APPEL	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 185720.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014
Mailing Address 815 SLATERS LANE		Amount 64965.45
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/ Type	Transaction ID : SE24-0.041859 Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2014
Name of Federal Candidate RONALD BARBER	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 379083.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86145.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>111917.10</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.041925</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 29 / 2014</b>	
Name of Federal Candidate <b>RONALD BARBER</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <b>379083.19</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>VICTORIA EUGENIA NEWTON</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>	
Mailing Address <b>6825 WASHINGTON BLVD STE 104</b>		Amount <b>1666.67</b>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22213</b>	Transaction ID : <b>SE24-0.041923</b>
Purpose of Expenditure <b>SURVEY RESEARCH</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate <b>JOHN BARROW</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>574536.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>113583.77</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Keith A. Davis

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**09 / 03 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>	
Mailing Address PO BOX 16504		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21837.00</div>	
City ALEXANDRIA	State VA	Zip Code 22302	<b>Transaction ID : SE24-0.041924</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 02 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate JOHN BARROW		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 12 State: GA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">574536.68</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 02 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">135575.16</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.041860</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 28 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate JOHN BARROW		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 12 State: GA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">574536.68</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">157412.16</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00075820         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 02 / 2014         </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           44865.16         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.041863</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            08 / 28 / 2014         </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate GWEN GRAHAM		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">           377574.42         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 02 / 2014         </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           376244.36         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.041862</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            08 / 28 / 2014         </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate ANN KIRKPATRICK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">           543701.36         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         421109.52       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         000000.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         421109.52       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name of Payee <b>VICTORIA EUGENIA NEWTON</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 01 / 2014         </div>	
Mailing Address 6825 WASHINGTON BLVD STE 104		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1666.67</div>	
City ARLINGTON	State VA	Zip Code 22213	Transaction ID : SE24-0.041927 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 02 / 2014         </div>
Purpose of Expenditure SURVEY RESEARCH		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate NICK J RAHALL II		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: 03  <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">349276.63</div>			

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 01 / 2014         </div>	
Mailing Address PO BOX 16504		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">59713.33</div>	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.041922 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 02 / 2014         </div>
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate NICK J RAHALL II		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: 03  <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">349276.63</div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">61380.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 8 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>		
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>246896.63</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.041884</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 28 / 2014</b>		
Name of Federal Candidate <b>NICK J RAHALL II</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>		
Calendar Year-To-Date Per Election for Office Sought <b>349276.63</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>246896.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>1251068.03</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 03 / 2014**

Signature